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16138 U.S. PTO

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: December 12, 2003
File No. 1508.68798

22154 U.S. PTO
10/734743

121203

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Sugiura et al.

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

For: LIQUID CRYSTAL DISPLAY
DEVICE AND METHOD OF
MANUFACTURING THE SAME

Dec. 12, 2003
Date

Express Mail Label No.: EV032735581US

Enclosed are:

- (X) 63 pages of specification, including 16 claims and an abstract.
- () an executed oath or declaration, with power of attorney.
- (X) an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 26 sheet(s) of formal drawings(s).
- () Assignment(s) of the invention to and Assignment Cover Sheet.
- () A check in the amount of \$ to cover the fee for recording the assignment(s).
- () Information Disclosure Statement, Form PTO-1449 and cited references.
- () Claim for Priority and Priority Document.

Fee Calculation For Claims As Filed

- | | | | | | | |
|---|-----------|---|----|---|------------------|-----------------------------------|
| a) Basic Fee | | | | | | \$ 770.00 |
| b) Independent Claims | <u>5</u> | - | 3 | = | <u>2</u> | x \$ 86.00 = \$ <u>172.00</u> |
| c) Total Claims | <u>16</u> | - | 20 | = | <u>0</u> | x \$ 18.00 = \$ <u> </u> |
| d) Fee for Multiple Dependent Claims | | | | | | \$ 290.00 = \$ <u> </u> |
| | | | | | Total Filing Fee | \$ <u>942.00</u> |
| () Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to | | | | | | \$ <u> </u> |
| () A check in the amount of \$ <u> </u> to cover the filing fee is enclosed. | | | | | | |
| () Charge \$ <u> </u> to Deposit Account No. 07-2069. | | | | | | |
| () The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. | | | | | | |
| A duplicate copy of this sheet is enclosed. | | | | | | |

Respectfully submitted,

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